

<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">(facility)</div> <div style="text-align: center; font-weight: bold; margin-bottom: 10px;">Dyskinesia Identification System: Condensed User Scale (DISCUS)</div> <div style="margin-bottom: 10px;"> CURRENT PSYCHOTROPICS/ANTI-CHOLINERGIC AND TOTAL MG/DAY <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ _____ mg </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ _____ mg </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ _____ mg </div> <div style="display: flex; justify-content: space-between;"> _____ _____ mg </div> </div> <div style="margin-top: 10px;">See Instructions On Other Side</div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-weight: bold;">NAME</td> <td colspan="2" style="text-align: center; font-weight: bold;">I.D.</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> EXAM TYPE (check one) <input type="checkbox"/> 1. Baseline <input type="checkbox"/> 2. Annual <input type="checkbox"/> 3. Semi-Annual <input type="checkbox"/> 4. D/C — 1 Month <input type="checkbox"/> 5. D/C — 2 Month <input type="checkbox"/> 6. D/C — 3 Month <input type="checkbox"/> 7. Admission <input type="checkbox"/> 8. Other </td> <td colspan="2" style="vertical-align: top;"> SCORING <div style="margin-bottom: 5px;">0 — Not Present (movements not observed or some movements observed but not considered abnormal)</div> <div style="margin-bottom: 5px;">1 — Minimal (abnormal movements are difficult to detect or movements are easy to detect but occur only once or twice in a short non-repetitive manner)</div> <div style="margin-bottom: 5px;">2 — Mild (abnormal movements occur infrequently and are easy to detect)</div> <div style="margin-bottom: 5px;">3 — Moderate (abnormal movements occur frequently and are easy to detect)</div> <div style="margin-bottom: 5px;">4 — Severe (abnormal movements occur almost continuously and are easy to detect)</div> <div>NA — Not Assessed (an assessment for an item is not able to be made)</div> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> COOPERATION (check one) <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Partial <input type="checkbox"/> 3. Full </td> <td colspan="2"></td> </tr> </table>		NAME		I.D.		EXAM TYPE (check one) <input type="checkbox"/> 1. Baseline <input type="checkbox"/> 2. Annual <input type="checkbox"/> 3. Semi-Annual <input type="checkbox"/> 4. D/C — 1 Month <input type="checkbox"/> 5. D/C — 2 Month <input type="checkbox"/> 6. D/C — 3 Month <input type="checkbox"/> 7. Admission <input type="checkbox"/> 8. Other		SCORING <div style="margin-bottom: 5px;">0 — Not Present (movements not observed or some movements observed but not considered abnormal)</div> <div style="margin-bottom: 5px;">1 — Minimal (abnormal movements are difficult to detect or movements are easy to detect but occur only once or twice in a short non-repetitive manner)</div> <div style="margin-bottom: 5px;">2 — Mild (abnormal movements occur infrequently and are easy to detect)</div> <div style="margin-bottom: 5px;">3 — Moderate (abnormal movements occur frequently and are easy to detect)</div> <div style="margin-bottom: 5px;">4 — Severe (abnormal movements occur almost continuously and are easy to detect)</div> <div>NA — Not Assessed (an assessment for an item is not able to be made)</div>		COOPERATION (check one) <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Partial <input type="checkbox"/> 3. Full			
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ASSESSMENT <div style="text-align: center; font-weight: bold; margin-bottom: 5px;">DISCUS Item and Score (circle one score for each item)</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 5%; text-align: center; font-weight: bold;">FACE</td> <td style="width: 25%;">1. Tics</td> <td style="width: 5%;">0</td> <td style="width: 5%;">1</td> <td style="width: 5%;">2</td> <td style="width: 5%;">3</td> <td style="width: 5%;">4</td> <td style="width: 10%;">NA</td> </tr> <tr> <td>2. Grimaces</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td rowspan="2" style="text-align: center; font-weight: bold;">EYES</td> <td>3. Blinking</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2" style="text-align: center; font-weight: bold;">ORAL</td> <td>4. Chewing/Lip Smacking . . .</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td>5. Puckering/Sucking/ Thrusting Lower Lip</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td rowspan="4" style="text-align: center; font-weight: bold;">LINGUAL</td> <td>6. Tongue Thrusting/ Tongue in Cheek</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td>7. Tonic Tongue</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td>8. Tongue Tremor</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td>9. Athetoid/Myokymic/ Lateral Tongue</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td rowspan="2" style="text-align: center; font-weight: bold;">HEAD/ NECK/ TRUNK</td> <td>10. Retrocollis/Torticollis</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td>11. Shoulder/Hip Torsion</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td rowspan="2" style="text-align: center; font-weight: bold;">UPPER LIMB</td> <td>12. Athetoid/Myokymic Finger-Wrist-Arm</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td>13. Pill Rolling</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td rowspan="2" style="text-align: center; font-weight: bold;">LOWER LIMB</td> <td>14. Ankle Flexion/ Foot Tapping</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> <tr> <td>15. Toe Movement</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>NA</td> </tr> </table>		FACE	1. Tics	0	1	2	3	4	NA	2. Grimaces	0	1	2	3	4	NA	EYES	3. Blinking	0	1	2	3	4	NA								ORAL	4. Chewing/Lip Smacking . . .	0	1	2	3	4	NA	5. Puckering/Sucking/ Thrusting Lower Lip	0	1	2	3	4	NA	LINGUAL	6. Tongue Thrusting/ Tongue in Cheek	0	1	2	3	4	NA	7. Tonic Tongue	0	1	2	3	4	NA	8. Tongue Tremor	0	1	2	3	4	NA	9. Athetoid/Myokymic/ Lateral Tongue	0	1	2	3	4	NA	HEAD/ NECK/ TRUNK	10. Retrocollis/Torticollis	0	1	2	3	4	NA	11. Shoulder/Hip Torsion	0	1	2	3	4	NA	UPPER LIMB	12. Athetoid/Myokymic Finger-Wrist-Arm	0	1	2	3	4	NA	13. Pill Rolling	0	1	2	3	4	NA	LOWER LIMB	14. Ankle Flexion/ Foot Tapping	0	1	2	3	4	NA	15. Toe Movement	0	1	2	3	4	NA	EVALUATION (see other side) <div style="margin-bottom: 10px;"> 1. Intensity prerequisite met? : YES NO 2. Greater than 90 days neuroleptic exposure? : YES NO 3. Other diagnostic conditions? : YES NO (if yes, specify) _____ _____ </div> <div style="margin-bottom: 10px;"> 4. Last exam date : _____ Last total score : _____ Last conclusion : _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Preparer signature and title for items 1-4 (if different from physician):</div> </div> <div style="margin-bottom: 10px;"> 5. Conclusion (circle one): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. No TD (if intensity prerequisite met, list other diagnostic condition or explain in comments) B. Probable TD C. Masked TD </div> <div style="width: 45%;"> D. Withdrawal TD E. Persistent TD F. Remitted TD G. Other (specify in comments) </div> </div> </div> <div> 6. Comments: _____ _____ _____ _____ _____ </div>	
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		(items 1-15 only)			
		EXAM DATE			
RATER SIGNATURE AND TITLE		NEXT EXAM DATE		PHYSICIAN SIGNATURE	DATE

Simplified Diagnoses for Tardive Dyskinesia

PREREQUISITES. — The 3 prerequisites are as follows. Exceptions may occur.

1. A history of at least three months' total cumulative neuroleptic exposure. Include amoxapine in all categories below as well.
2. The presence of **at least** a "moderate" (3) or "severe" (4) movement on any item **or at least two** "mild" (2) movements on two items located in different body areas.
3. Other conditions are not responsible for the abnormal involuntary movements.

DIAGNOSES. — The diagnosis is based upon the current exam and its relation to the last exam. The diagnosis can shift depending upon: (a) whether movements are present or not, (b) whether movements are present for 3 months or more (6 months if on a semi-annual assessment schedule), and (c) whether neuroleptic dosage changes occur and effect movements.

- **NO TD.** — Movements **are not** present on this exam **or** movements are present, but some other condition is responsible for them. The last diagnosis must be NO TD, PROBABLE TD, or WITHDRAWAL TD.
- **PROBABLE TD.** — Movements **are** present on this exam. This is the first time they are present **or** they have never been present for 3 months or more. The last diagnosis must be NO TD or PROBABLE TD.
- **PERSISTENT TD.** — Movements **are** present on this exam **and** they have been present for 3 months or more with this exam or at some point in the past. The last diagnosis can be any except NO TD.
- **MASKED TD.** — Movements **are not** present on this exam **but** this is due to a neuroleptic dosage increase or reinstitution after a prior exam when movements were present. Also use this conclusion if movements are not present due to the addition of a non-neuroleptic medication to treat TD. The last diagnosis must be PROBABLE TD, PERSISTENT TD, WITHDRAWAL TD, or MASKED TD.
- **REMITTED TD.** — Movements **are not** present on this exam **but** PERSISTENT TD has been diagnosed **and** no neuroleptic dosage increase or reinstitution has occurred. The last diagnosis must be PERSISTENT TD or REMITTED TD. If movements re-emerge, the diagnosis shifts back to PERSISTENT TD.
- **WITHDRAWAL TD.** — Movements **are not seen while** receiving neuroleptics or at the last dosage level **but are seen within** 8 weeks following a neuroleptic reduction or discontinuation. The last diagnosis must be NO TD or WITHDRAWAL TD. If movements continue for 3 months or more after the neuroleptic dosage reduction or discontinuation, the diagnosis shifts to PERSISTENT TD. If movements do not continue for 3 months or more after the reduction or discontinuation, the diagnosis shifts to NO TD.

INSTRUCTIONS

1. The rater completes the Assessment according to the standardized exam procedure. If the rater also completes Evaluation items 1-4, he/she must also sign the preparer box. The form is given to the physician. Alternatively, the physician may perform the assessment.
2. The physician completes the Evaluation section. The physician is responsible for the entire Evaluation section and its accuracy.
3. IT IS RECOMMENDED THAT THE PHYSICIAN EXAMINE ANY INDIVIDUAL WHO MEETS THE 3 PREREQUISITES OR WHO HAS MOVEMENTS NOT EXPLAINED BY OTHER FACTORS. NEUROLOGICAL ASSESSMENTS OR DIFFERENTIAL DIAGNOSTIC TESTS WHICH MAY BE NECESSARY SHOULD BE OBTAINED.
4. File form according to policy or procedure.

OTHER CONDITIONS (partial list)

- | | |
|---|---------------------------------|
| 1. Age | 12. Huntington's Chorea |
| 2. Blind | 13. Hyperthyroidism |
| 3. Cerebral Palsey | 14. Hypoglycemia |
| 4. Contact Lenses | 15. Hypoparathyroidism |
| 5. Dentures/No Teeth | 16. Idiopathic Torsion Dystonia |
| 6. Down's Syndrome | 17. Meige Syndrome |
| 7. Drug Intoxication (specify) | 18. Parkinson's Disease |
| 8. Encephalitis | 19. Stereotypies |
| 9. Extrapryramidal Side-Effects (specify) | 20. Sydenham's Chorea |
| 10. Fahr's Syndrome | 21. Tourette's Syndrome |
| 11. Heavy Metal Intoxication (specify) | 22. Wilson's Disease |
| | 23. Other (specify) |